PTO/SB/07 (08-03)

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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep Indep Depend Total Total उ Indep Indep Total Total Depend Depend Total Total Claims Claims

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